

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09-700770	FILING DATE
						APPLICANT(S)	
	AS FILED						
	IND.	DEP.					
			AFTER 1st AMENDMENT				
	IND.	DEP.	IND.	DEP.			
					AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
CLAIMS							
1			1				
TOTAL IND.	5		1				
TOTAL DEP.	5		2				
TOTAL CLAIMS	10		3				
	INC.	DEP.	IND.	DEP.	IND.	DEP.	
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS
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PTO-1360 (2-78)

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